

1696910 ONTARIO LIMITED – ACTING AS INTERPLAY

STUDENT WAIVER – 2020-2021 DANCE SCHOOL SEASON

At 1696910 ONTARIO LIMITED - ACTING AS INTERPLAY, we place importance on the safety of all students during these unprecedented times.

We ask that you sign this form to confirm that the school has sent an email stipulating the importance of maintaining the safety of all staff and students while in the schools. We know that there are risks associated in these lessons with contracting COVID-19.

In accordance to the COVID-19 pandemic, the Health Officials, have permitted dance lessons in-studio.

I understand the novel coronavirus causes the disease known as COVID-19 and that currently the virus may not show symptoms and still be contagious.

I understand the federal and provincial governments have asked individuals to maintain social distance while in the private/semi-private lesson.

I hereby state that I have read and I fully understand the consent forms and I have been given an opportunity to ask any questions directly to Karen Davies Thomas, Director/Owner by email to kdthomas@rogers.com. These questions have been answered to my satisfaction and therefore authorize my child/ren to attend lessons in-studio. I have read all safety protocol before, during and after these lessons.

Name of Student _____

Name of Parent _____

Signature of Parent _____

Date _____

Click on the signature tool
above to add signature

DANCE STUDENT SCREENING FORM (COVID-19)

Please check Yes or No

1/ Has your child had close contact with anyone with acute respiratory illness?

Yes No

2/ Has your child or your family members travelled outside of Ontario in the past 14 days?

Yes No

If yes, who? _____

3/ Does your child have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?

Yes No

4/ Does your child have any of the following symptoms?

- Fever Yes No
- New Onset of Cough Yes No
- Worsening chronic cough Yes No
- Shortness of Breathing Yes No
- Difficulty Breathing Yes No
- Sore throat Yes No
- Difficulty Swallowing Yes No
- Decrease or loss of senses of taste or smell Yes No
- Chills Yes No
- Headaches Yes No
- Unexplained fatigue/malaise/muscle aches Yes No
- Nausea/vomiting, diarrhea, abdominal pains Yes No
- Pink eye Yes No
- Runny nose/nasal congestion without other known cause Yes No

5/ INTERPLAY is not responsible if the student gets sick. You are attending at your own risk.

6/ If the student does not respect the new social distancing protocol implemented, the teacher has the right to ask them to leave, and no refund will be given for that class.

7/ As things progress, it is at the director's discretion to change the rules. A new form will be sent out and must be signed before the return of the student into the studio.

Dancer Name _____

How many people in social bubble? _____

Parent Name _____

Signature _____

Click on the signature tool above to add signature

Date _____